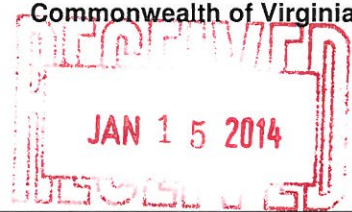




Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.



Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1"> <tr> <td>Date Changes Took Effect</td> <td>SBE-issued Committee ID</td> </tr> <tr> <td>1/06/14</td> <td></td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	1/06/14	
Date Changes Took Effect	SBE-issued Committee ID				
1/06/14					
Committee Information					
Committee Information	Friends of Robert W. T. Short, Sr. Name of Candidate Campaign Committee				
	709 Jackson St Street Address/PO Box				
	Suite # Lynchburg VA 24504 City State Zip Code				
	Robert.W.T.Short.Sr@GMail.com 540-947-1607 Email Address Daytime Phone #				
	RobertShortSr.com Campaign Website				
Candidate Information					
Candidate Information	Mr Short Robert William Travis Sr. Salutation Last Name First Name Middle Name Suffix				
	709 Jackson St Residence Address				
	Apt # Lynchburg VA 24504 City State Zip Code				
	Lynchburg County or City of Residence				
	Voter Identification # Robert.W.T.Short.Sr@GMail.com 540-947-1607 Email Address Daytime Phone #				
	<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Election Information					
Election Information	City Council Office Sought				
	District (if one) I 2014 Political Party Year of Election				
	<input type="checkbox"/> November <input checked="" type="checkbox"/> May <input type="checkbox"/> Special Type of Election				



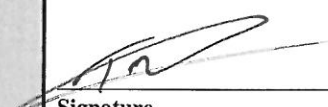
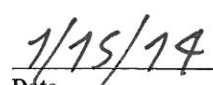
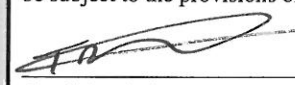
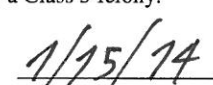
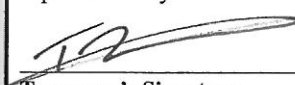
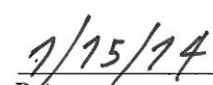
Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	<i>Mr.</i>	<i>Short</i>	<i>Robert</i>	<i>William Travis</i>	<i>SC</i>
	Salutation	Last Name	First Name	Middle Name	Suffix
	<i>709 Jackson St.</i>				
	Residence Address			Apt #	
	<i>Lynchburg</i>			<i>VA 24504</i>	
	City			State	Zip Code
	<i>Lynchburg</i>				
County or City of Residence			Voter Identification #		
<i>Robert W. T. Short, Sr @GMail.com</i>			<i>540-799471607</i>		
Email Address			Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
<i>Bank of the James</i>					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
<i>Lynchburg VA</i>					
City		State	City		
			State		
Committee Activity					
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:		<i>1/03/14</i>		
	Date first expenditure made:		<i>NA</i>		
	Date campaign depository designated:		<i>1/06/14</i>		
	Date filing fee paid for party nomination:		<i>NA</i>		
	Date Statement of Qualification filed:		<i>NA</i>		
	Date treasurer appointed:		<i>1/06/14</i>		

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;">  _____ Date </div> </div>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Candidate's Signature </div> <div style="text-align: center;">  _____ Date </div> </div>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Treasurer's Signature </div> <div style="text-align: center;">  _____ Date </div> </div>